

U277 – HEALTH CARE CLAIM STATUS NOTIFICATION
Code Values Version 3070 issued December 1996

Line #	Loop ID	Seg ID	Ele. ID	Name	277U Code Values	AHCCCS Values & Description	Mapping Decision
1	N/A	ST – 277 Header	ST01	Transaction Set Identifier Code	277 = X12.317 Health Care Claim Status Notification	No Current Equivalent	277 = X12.317 Health Care Claim Status Notification
2	N/A	BHT – Transaction Structure	BHT01	Hierarchical Structure Code	0010 = Information Source, Information Receiver, Provider of Service, Subscriber, Dependent	No Current Equivalent	0010 = Information Source, Information Receiver, Provider of Service, Subscriber, Dependent
3	N/A	BHT – Transaction Structure	BHT02	Transaction Set Purpose Code	08 = Status.	No Current Equivalent	08 = Status.
4	N/A	BHT – Transaction Structure	BHT06	Transaction Type Code	NO - Notice (Used when function of claim status notification is to provide a list of pended claims.) TH - Receipt Acknowledgment Advice (Used when function of claim status notification is to provide information about a claim in a claim processing system.)	AE = Adjudicated Encounter	NO - Notice (Used when function of claim status notification is to provide a list of pended claims.) TH - Receipt Acknowledgment Advice (Used when function of claim status notification is to provide information about a claim in a claim processing system.)
5	2000	HL – Information Source	HL03	Hierarchical Level Code	20 - Information Source	No Current Equivalent	20 - Information Source
6	2000	HL – Information Source	HL04	Hierarchical Child Code	1 - Additional Subordinate HL Data Segment in this Hierarchical Structure.	No Current Equivalent	1 - Additional Subordinate HL Data Segment in this Hierarchical Structure.
7	2100	NM1 – Payer Name	NM101	Entity Identifier Code	PR - Payer	No Current Equivalent	PR - Payer
8	2100	NM1 – Payer Name	NM102	Entity Type Qualifier	2 - Non-Person Entity	No Current Equivalent	2 - Non-Person Entity
9	2100	NM1 – Payer Name	NM108	Identification Code Qualifier	21 - Health Industry Number (HIN) AD - Blue Cross Blue Shield Association Plan Code NI - National Association of Insurance Commissioners (NAIC) Identification PI - Payor Identification PP - Pharmacy Processor Number XV - Health Care Financing Administration National Payer Identification Number (PAYERID)	No Current Equivalent	21 - Health Industry Number (HIN) AD - Blue Cross Blue Shield Association Plan Code NI - National Association of Insurance Commissioners (NAIC) Identification PI - Payor Identification PP - Pharmacy Processor Number XV - Health Care Financing Administration National Payer Identification Number (PAYERID)
10	2000	HL – Information Receiver	HL03	Hierarchical Level Code	21 - Information Receiver	No Current Equivalent	21 - Information Receiver
11	2000	HL – Information Receiver	HL04	Hierarchical Child Code	1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.	No Current Equivalent	1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.
12	2100	NM1 – Information Receiver Name	NM101	Entity Identifier Code	41 - Submitter	No Current Equivalent	41 - Submitter

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13	2100	NM1 – Information Receiver Name	NM102	Entity Type Qualifier	1 - Person	No Current Equivalent	1 - Person
14	2100	NM1 – Information Receiver Name	NM108	Identification Code Qualifier	46 - Electronic Transmitter Identification Number (ETIN) FI - Federal Taxpayer's Identification Number□XX - Health Care Financing Administration National Provider Identifier	No Current Equivalent	46 - Electronic Transmitter Identification Number (ETIN) FI - Federal Taxpayer's Identification Number□XX - Health Care Financing Administration National Provider Identifier
15	2000	HL – Provider of Service	HL03	Hierarchical Level Code	19 – Provider of Service	No Current Equivalent	19 – Provider of Service
16	2000	HL – Provider of Service	HL04	Hierarchical Child Code	1 – Additional Subordinate HL Data Segment in This Hierarchical Structures	No Current Equivalent	1 – Additional Subordinate HL Data Segment in This Hierarchical Structures
17	2100	NM1 – Provider Information	NM101	Entity Identifier Code	1P – Provider	No Current Equivalent	1P – Provider
18	2100	NM1 – Provider Information	NM102	Entity Type Qualifier	1 – Person 2 – Non-Person Entity	No Current Equivalent	1 – Person 2 – Non-Person Entity
19	2100	NM1 – Provider Information	NM108	Identification Code Qualifier	SV – Service Provider Number XX – Health Care Financing Administration National Provider Identifier	No Current Equivalent	SV – Service Provider Number XX – Health Care Financing Administration National Provider Identifier
20	2000	HL - Subscriber	HL03	Hierarchical Level Code	22 – Subscriber	No Current Equivalent	22 – Subscriber
21	2000	HL - Subscriber	HL04	Hierarchical Child Code	0 – No Subordinate HL Segment in This Hierarchical Structure 1 – Additional Subordinate HL Data Segment in this Hierarchical Structure	No Current Equivalent	0 – No Subordinate HL Segment in This Hierarchical Structure 1 – Additional Subordinate HL Data Segment in this Hierarchical Structure
22	2100	NM1 – Subscriber Name	NM101	Entity Identifier Code	IL – Insured or Subscriber QC - Patient (Used only when Subscriber is Patient)	No Current Equivalent	IL – Insured or Subscriber QC - Patient (Used only when Subscriber is Patient)
23	2100	NM1 – Subscriber Name	NM102	Entity Type Qualifier	1 – Person 2 – Non-Person Entity	No Current Equivalent	1 – Person 2 – Non-Person Entity
24	2100	NM1 – Subscriber Name	NM108	Identification Code Qualifier	24 – Employer's Identification Number CI - CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) Identification Number HN - Health Insurance Claim (HIC) Number MI - Member Identification Number□MR - Medicaid Recipient Identification Number□N - Insured's Unique Identification Number□	No Current Equivalent	24 – Employer's Identification Number CI - CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) Identification Number HN - Health Insurance Claim (HIC) Number MI - Member Identification Number□MR - Medicaid Recipient Identification Number□N - Insured's Unique Identification Number□
25	2200	TRN –	TRN01	Trace Type Code	2 – Referenced Transaction Trace	No Current Equivalent	2 – Referenced Transaction Trace

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		Claim Submitter's Identifier			Numbers		Numbers
26	2200	TRN – Claim Submitter's Identifier	TRN04	Reference Identification	10 - Central Certification 12 - Preferred Provider Organization (PPO) 13 - Point of Service (POS) 14 - Exclusive Provider Organization (EPO) 15 - Indemnity Insurance 16 - Health Maintenance Organization (HMO) Medicare Risk 17 - Dental Maintenance Organization AM - Automobile Medical BL - Blue Cross/Blue Shield CH - Champus CI - Commercial Insurance Co. □ DS - Disability □ FI - Federal Employees Program □ HM - Health Maintenance Organization □ LM - Liability Medical □ MA - Medicare Part A □ MB - Medicare Part B □ MC - Medicaid □ MH - Managed Care Non-HMO □ OF - Other Federal Program □ SA - Self-administered Group □ TV - Title V □ VA - Veteran's Administration □ WC – Workers' Compensation Health Claim	No Current Equivalent	10 - Central Certification 12 - Preferred Provider Organization (PPO) 13 - Point of Service (POS) 14 - Exclusive Provider Organization (EPO) 15 - Indemnity Insurance 16 - Health Maintenance Organization (HMO) Medicare Risk 17 - Dental Maintenance Organization AM - Automobile Medical BL - Blue Cross/Blue Shield CH - Champus CI - Commercial Insurance Co. □ DS - Disability □ FI - Federal Employees Program □ HM - Health Maintenance Organization □ LM - Liability Medical □ MA - Medicare Part A □ MB - Medicare Part B □ MC - Medicaid □ MH - Managed Care Non-HMO □ OF - Other Federal Program □ SA - Self-administered Group □ TV - Title V □ VA - Veteran's Administration □ WC – Workers' Compensation Health Claim
27	2200	STC – Claim Level Status Information	STC01-1	Industry Code	With HIPAA 277 – IG suggested to use code source 507. There was no suggestion of what code source to use in this U277 IG	AP = Adjudicated/Approved AV = Adjudicated/Void DE = Voluntary Plan Deletion DN = Auto Deny PE = Pended	With HIPAA 277 – IG suggested to use code source 507. There was no suggestion of what code source to use in this U277 IG
28	2200	STC – Claim Level Status Information	STC01-2	Industry Code	With HIPAA 277 – IG suggested to use code source 508. There was no suggestion of what code source to use in this U277 IG page 55	Denial Reason Codes: Approximately two thousand four-character codes – see PMMIS References/Denial Reasons	With HIPAA 277 – IG suggested to use code source 508. There was no suggestion of what code source to use in this U277 IG page 55
29	2200	STC – Claim Level Status Information	STC01-3	Entity Identifier Code	17 - Consultant's Office 1E - Health Maintenance Organization (HMO) 1I - Preferred Provider Organization (PPO) 1P - Provider 2I - Church Operated Facility 2Q - Veterans Administration Facility 30 - Service Supplier 36 - Employer 6Y - Case Manager 71 - Attending Physician 72 - Operating Physician	No Current Equivalent	17 - Consultant's Office 1E - Health Maintenance Organization (HMO) 1I - Preferred Provider Organization (PPO) 1P - Provider 2I - Church Operated Facility 2Q - Veterans Administration Facility 30 - Service Supplier 36 - Employer 6Y - Case Manager 71 - Attending Physician

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				73 - Other Physician 74 - Corrected Insured 80 - Hospital 82 - Rendering Provider 84 - Subscriber's Employer 85 - Billing Provider 87 - Pay-to Provider CK - Pharmacist CZ - Admitting Surgeon DD - Assistant Surgeon DK - Ordering Physician DN - Referring Provider DO - Dependent Name DQ - Supervising Physician E9 - Participating Laboratory EY - Employee Name FA - Facility G0 - Dependent Insured G3 - Clinic GB - Other Insured GI - Paramedic GJ - Paramedical Company HF - Healthcare Professional Shortage Area (HPSA) Facility HH - Home Health Agency I3 - Independent Physicians Association (IPA) IL - Insured or Subscriber IN - Insurer LI - Independent Lab OB - Ordered By P0 - Patient Facility P2 - Primary Insured or Subscriber P3 - Primary Care Provider P4 -Prior Insurance Carrier P6 -Third Party Reviewing Preferred Provider Organization (PPO) P7 - Third Party Repricing Preferred Provider Organization (PPO) PW - Pick Up Address QA - Pharmacy QC - Patient QD - Responsible Party QE - Policyholder QH - Physician QK - Managed Care QL - Chiropractor QN - Dentist QS - Podiatrist QV - Group Practice RW - Rural Health Clinic S4 - Skilled Nursing Facility	72 - Operating Physician 73 - Other Physician 74 - Corrected Insured 80 - Hospital 82 - Rendering Provider 84 - Subscriber's Employer 85 - Billing Provider 87 - Pay-to Provider CK - Pharmacist CZ - Admitting Surgeon DD - Assistant Surgeon DK - Ordering Physician DN - Referring Provider DO - Dependent Name DQ - Supervising Physician E9 - Participating Laboratory EY - Employee Name FA - Facility G0 - Dependent Insured G3 - Clinic GB - Other Insured GI - Paramedic GJ - Paramedical Company HF - Healthcare Professional Shortage Area (HPSA) Facility HH - Home Health Agency I3 - Independent Physicians Association (IPA) IL - Insured or Subscriber IN - Insurer LI - Independent Lab OB - Ordered By P0 - Patient Facility P2 - Primary Insured or Subscriber P3 - Primary Care Provider P4 -Prior Insurance Carrier P6 -Third Party Reviewing Preferred Provider Organization (PPO) P7 - Third Party Repricing Preferred Provider Organization (PPO) PW - Pick Up Address QA - Pharmacy QC - Patient QD - Responsible Party QE - Policyholder QH - Physician QK - Managed Care QL - Chiropractor QN - Dentist QS - Podiatrist QV - Group Practice RW - Rural Health Clinic
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					SJ - Service Provider TQ - Third Party Reviewing Organization (TPO) TU - Third Party Repricing Organization (TPO) TV - Third Party Administrator (TPA) UH - Nursing Home X5 – Durable Medical Equipment Supplier		S4 - Skilled Nursing Facility SJ - Service Provider TQ - Third Party Reviewing Organization (TPO) TU - Third Party Repricing Organization (TPO) TV - Third Party Administrator (TPA) UH - Nursing Home X5 – Durable Medical Equipment Supplier
30	2200	STC – Claim Level Status Information	STC03	Action Code	15 – correct and Resubmit Claim NA – No Action Required (Always used for p[ended claim list function)	No Current Equivalent	15 – correct and Resubmit Claim NA – No Action Required (Always used for p[ended claim list function)
31	2200	REF- Payer's Claim Control Number	REF01	Reference Identification Qualifier	1K – Payor's Claim Number	No Current Equivalent	1K – Payor's Claim Number
32	2200	REF – Institutional Type of Bill	REF01	Reference Identification Qualifier	BLT – Billing Type. Used on Institutional type of bill.	No Current Equivalent	BLT – Billing Type. Used on Institutional type of bill.
33	2200	REF – Medical Record Number	REF01	Reference Identification Qualifier	EA – Medical Record Identification Number	No Current Equivalent	EA – Medical Record Identification Number
34	2200	DTP – Claim Service Date	DTP01	Date Time Qualifier	472 - Service	No Current Equivalent	472 - Service
35	2200	DTP – Claim Service Date	DTP02	Date Time Period Format Qualifier	RD8 – Range of Dates Expressed in format CCYYMMDD - CCYYMMDD	No Current Equivalent	RD8 – Range of Dates Expressed in format CCYYMMDD - CCYYMMDD
36	2220	SVC – Service Line Information	SVC01-1	Product/Service ID Qualifier	A9- Health Care Financing Administration National Standard Format Podiatry Codes AD - American Dental Association Codes CI - Common Language Equipment Identifier (CLEI) HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes N1 - National Drug Code in 4-4-2 Format N2 - National Drug Code in 5-3-2 Format N3 - National Drug Code in 5-4-1 Format N4 - National Drug Code in 5-4-2 Format ND - National Drug Code (NDC) NU - National	No Current Equivalent	A9- Health Care Financing Administration National Standard Format Podiatry Codes AD - American Dental Association Codes CI - Common Language Equipment Identifier (CLEI) HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes N1 - National Drug Code in 4-4-2 Format N2 - National Drug Code in 5-3-2 Format N3 - National Drug Code in 5-4-1 Format N4 - National Drug Code in 5-4-2 Format ND - National Drug Code NU - National Drug Code

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					Uniform Billing Committee (NUBC) UB92 Codes □ RB - National Uniform Billing Committee (NUBC) UB82 Codes.		(NDC) □ NU - National Uniform Billing Committee (NUBC) UB92 Codes □ RB - National Uniform Billing Committee (NUBC) UB82 Codes.
37	2220	STC – Service Line Status Informatio n	STC01-1	Industry Code	With HIPAA 277 – IG suggested to use code source 507. There was no suggestion of what code source to use in this U277 IG	AP = Adjudicated/Approved AV = Adjudicated/Void DE = Voluntary Plan Deletion DN = Auto Deny PE = Pended	For Workgroup Discussion
38	2220	STC – Service Line Status Informatio n	STC01-2	Industry Code	With HIPAA 277 – IG suggested to use code source 508. There was no suggestion of what code source to use in this U277 IG	Denial Reason Codes: Approximately two thousand four- character codes – see PMMIS References/Denial Reasons	For Workgroup Discussion
39	2220	STC – Service Line Status Informatio n	STC01-3	Entity Identifier Code	17 - Consultant's Office 1E - Health Maintenance Organization (HMO) 1I - Preferred Provider Organization (PPO) 1P - Provider 2I - Church Operated Facility 2Q - Veterans Administration Facility 30 - Service Supplier 36 - Employer 6Y - Case Manager 71 - Attending Physician 72 - Operating Physician 73 - Other Physician 74 - Corrected Insured 80 - Hospital 82 - Rendering Provider 84 - Subscriber's Employer 85 - Billing Provider 87 - Pay-to Provider CK - Pharmacist CZ - Admitting Surgeon DD - Assistant Surgeon DK - Ordering Physician DN - Referring Provider DO - Dependent Name DQ - Supervising Physician E9 - Participating Laboratory EY - Employee Name FA - Facility G0 - Dependent Insured G3 - Clinic GB - Other Insured GI - Paramedic GJ - Paramedical Company HF - Healthcare Professional Shortage Area (HPSA) Facility	No Current Equivalent	17 - Consultant's Office 1E - Health Maintenance Organization (HMO) 1I - Preferred Provider Organization (PPO) 1P - Provider 2I - Church Operated Facility 2Q - Veterans Administration Facility 30 - Service Supplier 36 - Employer 6Y - Case Manager 71 - Attending Physician 72 - Operating Physician 73 - Other Physician 74 - Corrected Insured 80 - Hospital 82 - Rendering Provider 84 - Subscriber's Employer 85 - Billing Provider 87 - Pay-to Provider CK - Pharmacist CZ - Admitting Surgeon DD - Assistant Surgeon DK - Ordering Physician DN - Referring Provider DO - Dependent Name DQ - Supervising Physician E9 - Participating Laboratory EY - Employee Name FA - Facility G0 - Dependent Insured G3 - Clinic GB - Other Insured GI - Paramedic GJ - Paramedical Company HF - Healthcare Professional

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					HH - Home Health Agency I3 - Independent Physicians Association (IPA) IL - Insured or Subscriber IN - Insurer LI - Independent Lab OB - Ordered By P0 - Patient Facility P2 - Primary Insured or Subscriber P3 - Primary Care Provider P4 -Prior Insurance Carrier P6 -Third Party Reviewing Preferred Provider Organization (PPO) P7 - Third Party Repricing Preferred Provider Organization (PPO) PW - Pick Up Address QA - Pharmacy QC - Patient QD - Responsible Party QE - Policyholder QH - Physician QK - Managed Care QL - Chiropractor QN - Dentist QS - Podiatrist QV - Group Practice RW - Rural Health Clinic S4 - Skilled Nursing Facility SJ - Service Provider TQ - Third Party Reviewing Organization (TPO) TU - Third Party Repricing Organization (TPO) TV - Third Party Administrator (TPA) UH - Nursing Home X5 – Durable Medical Equipment Supplier		Shortage Area (HPSA) Facility HH - Home Health Agency I3 - Independent Physicians Association (IPA) IL - Insured or Subscriber IN - Insurer LI - Independent Lab OB - Ordered By P0 - Patient Facility P2 - Primary Insured or Subscriber P3 - Primary Care Provider P4 -Prior Insurance Carrier P6 -Third Party Reviewing Preferred Provider Organization (PPO) P7 - Third Party Repricing Preferred Provider Organization (PPO) PW - Pick Up Address QA - Pharmacy QC - Patient QD - Responsible Party QE - Policyholder QH - Physician QK - Managed Care QL - Chiropractor QN - Dentist QS - Podiatrist QV - Group Practice RW - Rural Health Clinic S4 - Skilled Nursing Facility SJ - Service Provider TQ - Third Party Reviewing Organization (TPO) TU - Third Party Repricing Organization (TPO) TV - Third Party Administrator (TPA) UH - Nursing Home X5 – Durable Medical Equipment Supplier
40	2220	STC – Service Line Status Information	STC03	Action Code	15 – correct and Resubmit Claim NA – No Action Required (Always used for p[ended claim list function)	No Current Equivalent	15 – correct and Resubmit Claim NA – No Action Required (Always used for p[ended claim list function)
41	2220	REF – Service Line Item Control Number	REF01	Reference Identification Qualifier	FJ – Line Item Control Number	No Current Equivalent	FJ – Line Item Control Number
42	2220	DTP – Service	DTP01	Date Time Qualifier	472 - Service	No Current Equivalent	472 - Service

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		Line Date					
43	2220	DTP – Service Line Date	DTP02	Date Time Period Format Qualifier	RD8 – Range of Dates Expressed in format CCYYMMDD - CCYYMMDD	No Current Equivalent	RD8 – Range of Dates Expressed in format CCYYMMDD - CCYYMMDD
44	2000	HL – Dependent	HL03	Hierarchical Level Code	23 – Dependent	AHCCCS will not use Dependent Loops	23 – Dependent
45	2100	NM1 – Patient Name	NM101	Entity Identifier Code	QC - Patient	AHCCCS will not use Dependent Loops	
46	2100	NM1 – Patient Name	NM102	Entity Type Qualifier	1 – Person 2 – Non-Person Entity	AHCCCS will not use Dependent Loops	
47	2100	NM1 – Patient Name	NM108	Identification Code Qualifier	CI - CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) Identification Number MI - Member Identification Number MR - Medicaid Recipient Identification Number N - Insured's Unique Identification Number	AHCCCS will not use Dependent Loops	
48	2200	TRN – Claim Submitter's Identifier	TRN01	Trace Type Code	2 – Referenced Transaction Trace Numbers	AHCCCS will not use Dependent Loops	
49	2200	TRN – Claim Submitter's Identifier	TRN04	Reference Identification	10 - Central Certification 12 - Preferred Provider Organization (PPO) 13 - Point of Service (POS) 14 - Exclusive Provider Organization (EPO) 15 - Indemnity Insurance 16 - Health Maintenance Organization (HMO) Medicare Risk 17 - Dental Maintenance Organization AM - Automobile Medical BL - Blue Cross/Blue Shield CH - Champus CI - Commercial Insurance Co. DS - Disability FI - Federal Employees Program HM - Health Maintenance Organization LM - Liability Medical MA - Medicare Part A MB - Medicare Part B MC - Medicaid MH - Managed Care Non-HMO OF - Other Federal Program SA - Self-administered Group TV - Title V VA - Veteran's Administration WC – Workers' Compensation Health Claim	AHCCCS will not use Dependent Loops	
50	2200	STC – Claim Line Status Information	STC01-3	Entity Identifier Code	17 - Consultant's Office 1E - Health Maintenance Organization (HMO) 1I - Preferred Provider Organization (PPO) 1P - Provider	AHCCCS will not use Dependent Loops	

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					21 - Church Operated Facility 2Q - Veterans Administration Facility 30 - Service Supplier 36 - Employer 6Y - Case Manager 71 - Attending Physician 72 - Operating Physician 73 - Other Physician 74 - Corrected Insured 80 - Hospital 82 - Rendering Provider 84 - Subscriber's Employer 85 - Billing Provider 87 - Pay-to Provider CK - Pharmacist CZ - Admitting Surgeon DD - Assistant Surgeon DK - Ordering Physician DN - Referring Provider DO - Dependent Name DQ - Supervising Physician E9 - Participating Laboratory EY - Employee Name FA - Facility G0 - Dependent Insured G3 - Clinic GB - Other Insured GI - Paramedic GJ - Paramedical Company HF - Healthcare Professional Shortage Area (HPSA) Facility HH - Home Health Agency I3 - Independent Physicians Association (IPA) IL - Insured or Subscriber IN - Insurer LI - Independent Lab OB - Ordered By P0 - Patient Facility P2 - Primary Insured or Subscriber P3 - Primary Care Provider P4 -Prior Insurance Carrier P6 -Third Party Reviewing Preferred Provider Organization (PPO) P7 - Third Party Repricing Preferred Provider Organization (PPO) PW - Pick Up Address QA - Pharmacy QC - Patient QD - Responsible Party QE - Policyholder QH - Physician		
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					QK - Managed Care QL - Chiropractor QN - Dentist QS - Podiatrist QV - Group Practice RW - Rural Health Clinic S4 - Skilled Nursing Facility SJ - Service Provider TQ - Third Party Reviewing Organization (TPO) TU - Third Party Repricing Organization (TPO) TV - Third Party Administrator (TPA) UH - Nursing Home X5 – Durable Medical Equipment Supplier		
51	2200	STC – Claim Line Status Information	STC03	Action Code	15 – correct and Resubmit Claim NA – No Action Required (Always used for p[ended claim list function)	AHCCCS will not use Dependent Loops	
52	2200	REF – Payer's Claim Control Number	REF01	Reference Identification Qualifier	1K – Payor's Claim Number	AHCCCS will not use Dependent Loops	
53	2200	REF – Institutional Type of Bill	REF01	Reference Identification Qualifier	BLT – Billing Type. Used on Institutional type of bill.	AHCCCS will not use Dependent Loops	
54	2200	REF – Medical Record Number	REF01	Reference Identification Qualifier	EA – Medical Record Identification Number	AHCCCS will not use Dependent Loops	
55	2200	DTP – Claim Service Date	DTP01	Date Time Qualifier	472 - Service	AHCCCS will not use Dependent Loops	
56	2200	DTP – Claim Service Date	DTP02	Date Time Period Format Qualifier	RD8 – Range of Dates Expressed in format CCYYMMDD - CCYYMMDD	AHCCCS will not use Dependent Loops	
57	2220	SVC – Service Line Information	SVC01-1	Product/Service ID Qualifier	A9- Health Care Financing Administration National Standard Format Podiatry Codes AD - American Dental Association Codes CI - Common Language Equipment Identifier (CLEI) HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes N1 - National Drug Code in 4-4-2 Format N2 - National Drug Code in 5-	AHCCCS will not use Dependent Loops	

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					3-2 Format□N3 - National Drug Code in 5-4-1 Format□N4 - National Drug Code in 5-4-2 Format□ND - National Drug Code (NDC)□NU - National Uniform Billing Committee (NUBC) UB92 Codes□RB - National Uniform Billing Committee (NUBC) UB82 Codes.		
58	2220	STC – Service Line Status Information	STC01-3	Entity Identifier Code	17 - Consultant's Office 1E - Health Maintenance Organization (HMO) 1I - Preferred Provider Organization (PPO) 1P - Provider 2I - Church Operated Facility 2Q - Veterans Administration Facility 30 - Service Supplier 36 - Employer 6Y - Case Manager 71 - Attending Physician 72 - Operating Physician 73 - Other Physician 74 - Corrected Insured 80 - Hospital 82 - Rendering Provider 84 - Subscriber's Employer 85 - Billing Provider 87 - Pay-to Provider CK - Pharmacist CZ - Admitting Surgeon DD - Assistant Surgeon DK - Ordering Physician DN - Referring Provider DO - Dependent Name DQ - Supervising Physician E9 - Participating Laboratory EY - Employee Name FA - Facility G0 - Dependent Insured G3 - Clinic GB - Other Insured GI - Paramedic GJ - Paramedical Company HF - Healthcare Professional Shortage Area (HPSA) Facility HH - Home Health Agency I3 - Independent Physicians Association (IPA) IL - Insured or Subscriber IN - Insurer LI - Independent Lab OB - Ordered By P0 - Patient Facility P2 - Primary Insured or Subscriber	AHCCCS will not use Dependent Loops	

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					P3 - Primary Care Provider P4 -Prior Insurance Carrier P6 -Third Party Reviewing Preferred Provider Organization (PPO) P7 - Third Party Repricing Preferred Provider Organization (PPO) PW - Pick Up Address QA - Pharmacy QC - Patient QD - Responsible Party QE - Policyholder QH - Physician QK - Managed Care QL - Chiropractor QN - Dentist QS - Podiatrist QV - Group Practice RW - Rural Health Clinic S4 - Skilled Nursing Facility SJ - Service Provider TQ - Third Party Reviewing Organization (TPO) TU - Third Party Repricing Organization (TPO) TV - Third Party Administrator (TPA) UH - Nursing Home X5 – Durable Medical Equipment Supplier		
59	2220	STC – Service Line Status Information	STC03	Action Code	15 – correct and Resubmit Claim NA – No Action Required (Always used for p[ended claim list function)	AHCCCS will not use Dependent Loops	
60	2220	REF – Service Line Item Control	REF01	Reference Identification Qualifier	FJ – Line Item Control Number	AHCCCS will not use Dependent Loops	
61	2220	DTP – Service Line Date	DTP01	Date Time Qualifier	472 - Service	AHCCCS will not use Dependent Loops	
62	2220	DTP – Service Line Date	DTP02	Date Time Period Format Qualifier	RD8 – Range of Dates Expressed in format CCYYMMDD - CCYYMMDD	AHCCCS will not use Dependent Loops	
63	N/A	SE – Transaction Trailer	SE01	Number of Included Segments			
64	N/A	SE – Transaction Trailer	SE02	Transaction Set Control Number			